



Deaf Blind Multiple Disabilities Waiver (DBMD)

2021 Accountability Report

– Optional Attendant Compensation Worksheet and Instructions –

NOTE: This worksheet is provided for your own information and should be retained in your files for future reference.

Do not return it to the Health and Human Services Commission

For assistance with the completion of this worksheet, contact the
Provider Finance Center for Information and Training: [RAD-
LTSS@hhs.texas.gov](mailto:RAD-LTSS@hhs.texas.gov)

OPTIONAL WORKSHEET

All monetary calculations should be carried out to two decimal places.

PART 1 – All Participants

Enter all Attendant Staff Wages from STAIRS **Step 6.c.** Sum Boxes A through G and enter the result in Box H.

Enter all STAIRS **Step 7** expenses for Attendants. Sum Boxes I through L and enter the result in Box M.

PART 2 – Sum Attendant Cost and Units of Service

Step 1: Units of Service

Enter Total Units of Service for each Rate Period in Box A, Box B, and Box C.

Step 2: Attendant Expenses

Sum all Costs in Boxes D through K and enter the result in Box L.

Step 3: Calculate Attendant Cost Per Unit

Divide the value from Box L by the value in Box A-C. Enter the result in Cost Per Unit Box.

Step 4: Calculate Weighted Average Attendant Rate

Enter the Rate Enhancement participant level for each applicable period.

Enter the units of service for each period as applicable and enter the total in Box A-C.

Multiply units of service (period one) by your rate (attendant cost component for your level of participation) for period one, if applicable. Multiply units of service (period two) by your rate (attendant cost component for your level of participation) for period two, if applicable. Multiply units of service (period three) by your rate (attendant cost component for your level of participation) for period three, if applicable.

Add these products and enter the result in Box M. Divide the amount in Box M by the Total Units of Service from Boxes A-C and enter the weighted average rate (attendant cost component) in Box N.

Step 5: Calculate Spending Requirement

Multiply the amount in Box N by 0.90 and enter the product in Box O.

Step 6: Calculate Estimated Recoupment Per Unit of Service

Subtract the amount from Step 3 (Cost Per Unit) from the amount from Box O. Enter the result in Box P.

Multiply the amount from Box P by the Medicaid Only Units. Enter the product on Box Q.

The value in Box Q is your **estimated recoupment per unit of service**. Note that this estimate is based on the information reported in this Accountability Report. If this information is not accurate, your estimated recoupment will not be accurate.

Check all calculations to insure accuracy

Repeat Parts 2 through 6 for each of the below attendant services participating in Rate Enhancement:

- Day Habilitation - Less than 24 Hours
- DBMD Intervener Services
- DBMD Chore Services
- DBMD Supported Employment
- DBMD Employment Assistance
- DBMD Community First Choice